



## Division of Medical Services

### Office of Long Term Care

<http://humanservices.arkansas.gov/dms/Pages/oltcHome.aspx>

PO Box 8059, Slot S409, Little Rock, AR 72203-8059  
501-682-8430 · Fax: 501-682-1197



### MEMORANDUM

**LTC-A-2014-03**

**TO:** ☒ Nursing Facilities; ☒ ICFs/MR 16 Bed & Over; ☒ HDCs;  
☒ ICFs/MR Under 16 Beds; ☒ ALF Level I; ☒ ALF Level II;  
☒ RCFs; ☒ Adult Day Cares; ☒ Adult Day Health Cares;  
☒ Post-Acute Head Injury Facilities; ☒ Interested Parties;  
☒ DHS County Offices

**FROM:** Carol Shockley, Director, Office of Long Term Care

**DATE:** February 13, 2014

**RE:** Advisory Memo - PASRR Training and Medicaid Medical Eligibility Criteria for Nursing Homes

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This training will focus on:

- Preadmission Screening Resident Review (PASRR) and specialized services.
- The Medicaid medical eligibility criteria and the application process
- Behavioral health and developmental disabilities community options and services

There will be speakers from:

- Office of Long Term Care
- Bock Associates
- Division of Behavioral Health Services and local Mental Health Facilities
- Division of Developmental Disabilities Services

Statewide training will be held on several dates from 5/7/14 through 5/23/14. Please see the attached sheet for specific information covering the dates, times, and locations as well as the registration form. Please provide an email address so you can receive confirmation of your registration. 3.25 CE's will be provided.

If you need this material in alternative format such as large print, please contact our Americans with Disabilities Act Coordinator at 501-682-8307 (voice) or 501-682-6789 (TDD).

CS/bcs

PASRR Training and Medicaid Medical Eligibility for Nursing Homes

| <b>Date</b> | <b>Weekday</b> | <b>City</b>       | <b>Facility Address</b>   | <b>Seat Capacity</b> | <b>Conference Time</b> |
|-------------|----------------|-------------------|---|----------------------|------------------------|
| 5/07/14     | Wednesday      | Hope              | Science & Technology Building,<br>Lecture Hall<br>2500 South Main   | 100                  | 9:00am to 12:30pm      |
| 5/09/14     | Friday         | Springdale        | Schmieding Center, 2422 N. Thompson, Suite B, Auditorium.<br><b>Parking Instructions: Enter between the Schmieding Produce and Schmieding Center from Thompson Street. Go to the back and park in the lot on the right. The front parking lot is for clinic patients.</b> | 125                  | 9:00am to 12:30pm      |
| 5/13/14     | Tuesday        | Monticello        | University of Arkansas at Monticello, Fine Arts Center, 371 University Drive<br><b>Parking Instructions: Go between University Center &amp; Forestry Complex and take Access road to parking lot.</b>   | 150                  | 9:00am to 12:30pm      |
| 5/19/14     | Monday         | North Little Rock | Arkansas Transit Association<br>620 W. Broadway   | 75                   | 12:00pm to 3:30pm      |
| 5/20/14     | Tuesday        | North Little Rock | Arkansas Transit Association<br>620 W. Broadway   | 75                   | 12:00pm to 3:30pm      |
| 5/23/14     | Friday         | Jonesboro         | St. Bernard's Auditorium<br>505 East Washington   | 125                  | 9:00am to 12:30pm      |

## **PASRR Training and Medicaid Medical Eligibility for Nursing Homes**

### **Registration Form**

|                              |                                     |
|------------------------------|-------------------------------------|
| <b>Facility Name:</b>        | _____                               |
| <b>Registrant Name:</b>      | _____                               |
| <b>Job Title:</b>            | _____                               |
| <b>Contact Phone Number:</b> | _____                               |
| <b>Email Address:</b>        | _____                               |
| <b>Conference Date:</b>      | _____ <b>Conference City:</b> _____ |
| <b>Facility Name:</b>        | _____                               |
| <b>Registrant Name:</b>      | _____                               |
| <b>Job Title:</b>            | _____                               |
| <b>Contact Phone Number:</b> | _____                               |
| <b>Email Address:</b>        | _____                               |
| <b>Conference Date:</b>      | _____ <b>Conference City:</b> _____ |
| <b>Facility Name:</b>        | _____                               |
| <b>Registrant Name:</b>      | _____                               |
| <b>Job Title:</b>            | _____                               |
| <b>Contact Phone Number:</b> | _____                               |
| <b>Email Address:</b>        | _____                               |
| <b>Conference Date:</b>      | _____ <b>Conference City:</b> _____ |
| <b>Facility Name:</b>        | _____                               |
| <b>Registrant Name:</b>      | _____                               |
| <b>Job Title:</b>            | _____                               |
| <b>Contact Phone Number:</b> | _____                               |
| <b>Email Address:</b>        | _____                               |
| <b>Conference Date:</b>      | _____ <b>Conference City:</b> _____ |

**Please either fax the completed form to 501-683-5306 or 501-682-8052 or email it to medneeds@Arkansas.gov. Please provide your email address so we can confirm your registration. For questions contact Netra Ellzey at 320-6190.**